

The Bill Blackwood
Law Enforcement Management Institute of Texas

An Analysis of the Benefits and Disadvantages of
Enhanced Medical Training for Texas Peace Officers

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ABSTRACT

Administrators of modern law enforcement agencies may not only be faced, but may also be forced, with exploring or considering the idea of enhanced medical training for their personnel. In order to determine the benefits and disadvantages enhanced medical training might provide to a community, a comprehensive and objective analysis should be conducted by the law enforcement agency prior to any such implementation. Benefits identified by this research included assisting existing emergency medical services, early patient assessment, a better public image and simply helping people. Disadvantages identified were interference with typical police duties, increased exposure to civil liability, training requirements, and program costs. The information obtained from such an analysis, reflecting both benefits and disadvantages, will benefit both public officials and agency administrators by presenting objective information that they will be able to use in their decision making process. By doing so, they will be able to make a more knowledgeable and informed decision for what would be in the best interest of the organizations and communities that they serve.

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Introduction

Time is certainly of the essence when addressing a life-threatening medical emergency. Immediate care and transport of the sick and/or injured may, on many occasions, actually mean the difference between permanent disability or life and death itself. In many instances, law enforcement officers are the first public safety emergency response personnel to arrive at the scene of a medical emergency. In fact for some agencies, it would be uncommon for law enforcement officers not to be the first to arrive at the scene of a medical emergency. Typically these agencies may include small-to medium-size departments or those that serve a unique or specialized jurisdiction such as a public school, college/university campus or in an airport environment.

While jurisdictional and geographic areas are typically much more confined or limited with specialized law enforcement organizations, officers from larger departments may also routinely be the first public safety personnel to arrive at the scene of a medical emergency. Rather than simply waiting for emergency medical services personnel to arrive, today's citizenry may not only expect but deserve that medical treatment commence by the first public safety person who arrives at the scene, regardless if that person is a law enforcement officer or not. Administrators of modern law enforcement agencies in the future may not only be faced, but may also be forced, with exploring or considering the implementation of enhanced medical training for their personnel in order to better serve the public's expectations of a higher quality of service for it's tax dollars.

The Texas Commission on Law Enforcement currently requires a minimum of five hundred and seventy-six (576) curriculum-training hours to complete the state's basic peace officer certification course (Texas Commission on Law Enforcement

Standards and Education, 2000). Many academies require additional specific in-house agency training hours beyond the 576 hours in order to successfully complete their course. Of the 576 “basic” hours however, typically only sixteen (16) hours involve emergency medical assistance training. Those 16 hours usually consist of basic simple first-aid and cardio pulmonary resuscitation (CPR) theories, practices and methods (Texas Commission on Law Enforcement Standards and Education, 2000).

In order to improve the quality of any public safety agency service, progressive law enforcement agencies should and must continually evaluate the delivery methods and results of those services that are currently being provided. If a decision is made by any organization to begin a new or radically redesign an existing major service delivery product, then that decision should be made after a thorough review of the possible implications the service proposal may have prior to implementation. One potential problem that many organizations make, to include law enforcement agencies, is that many times they do not take the time or appreciate the benefits of conducting an analytical review of a proposed new service delivery product prior to the implementation of such a new program.

As such, the research question that this paper will address is: Should law enforcement agencies that are considering enhanced medical training for their peace officers conduct a comprehensive analysis of both the benefits and disadvantages associated with this type of public service product prior to the implementation of such a program? The purpose of this administrative research paper will be to gather and present data in order to provide those law enforcement agencies that are considering an enhanced medical service delivery program an opportunity to review relevant issues

concerning the actual implementation and the implication it may have on agency personnel and the communities they serve.

The intended method of inquiry for this administrative research paper will be multiple; a review of existing literature, research, personal interviews, and surveys.

It is hypothesized that the results of this research paper will conclude that there are benefits to law enforcement organizations for enhanced medical training and the subsequent delivery of such service to the public that they serve. It will also present information as to why it may not always be in the best interest of all law enforcement agencies to require their personnel to be cross-trained in both the law enforcement and emergency medical service treatment disciplines.

This research will benefit public officials and agency administrators considering enhanced or required medical training for their law enforcement officers by presenting objective information that they will be able to review prior to pursuing such a service delivery program for their organizations. By doing so, they will be able to make a more knowledgeable and informed decision for what would be in the best interest of the organization and the community it serves.

Review of Literature

Texas is, well, Texas! When most people think of the state of Texas they think big! And so it is with the number of law enforcement and corrections agencies that have current peace officer, jailer and reserve peace officer licensees reported to the Texas Commission on Law Enforcement. With 2,529 various Texas law enforcement agencies throughout the state as of February 5, 2003 representing 76,001 active licensees in

such diverse organizations as municipal police departments, county sheriff departments, constable offices, college departments, airport departments, and independent school district departments it is no wonder that individual practices and customs may be unique to an agency simply based upon its geographical location in this state (Texas Commission on Law Enforcement, 2003). In addition there are other types of agencies such as fire department arson units, various state agencies such as the Texas Department of Public Safety and the Alcoholic Beverage Commission as well as special water districts, prosecutor's offices and some courts that provide peace officer services throughout the state (Texas Commission on Law Enforcement Standards and Education, 2000).

The Texas Commission on Law Enforcement's Basic Peace Officer Course for licensing purposes currently consists of a minimum of 576 classroom hours. Of those 576 classroom hours, only 16 are designated as "Emergency Medical Response" (Texas Commission on Law Enforcement Standards and Education, 2000).

A review of previous literature to determine the possible benefits and disadvantages of enhanced medical training specifically for Texas peace officers is minimal. As such, literary review representing other law enforcement agencies and organizations located outside of the state of Texas will also be utilized.

Law enforcement personnel have historically and will continue to be the "first responders" for all types of emergencies to include those of a medical or wellness nature. The response is typically predicated in the form of a 9-1-1 call an officer may be dispatched to, or it might be the result of the officer witnessing the event first-hand while

on or off duty. The victim may be a fellow officer, a friend, a citizen, a family member, or even the officer himself (The Law Enforcement Training Institute, 2003).

It is estimated that each year more than 100,000 people die needlessly in the United States due to the lack of adequate and available emergency medical services. Many deaths occur from heart disease, accidental injury, criminal acts, drug overdose, etc. (Hafen & Karren, 1983). There should be little doubt that enhanced medical training for Texas peace officers would help save some of these lives and assist others who are in a potential life or death situation.

A review of literature reveals that has not always been the case. As recently as the 1950s the standard operating procedure for many emergency medical response situations primarily consisted of a local funeral home being called by the governmental authorities (typically police or fire) to an incident or accident that had resulted in some type of injury to a victim. The funeral home attendants typically only had a very basic level of first aid training at best and as such, the “load and go” method was the primary standard operating procedure. Their main mission was to deliver the victim to a local hospital as fast as possible for treatment purposes (Hafen & Karren, 1983).

During the late 1950s and the early 1960s the load-and-go methods began to be replaced with professional-level care at the scene and if necessary, while in route to a hospital. It was also at this time that governmental entities began to take a more active role in the delivery of emergency medical response services. Due to a combination of many factors to include non-payment of services by those unable or unwilling to pay, insurance regulations, state health department regulatory oversight, etc., many privately

owned and operated funeral home ambulance services were either voluntarily or being forced to suspend and/or terminate their emergency medical services.

While there were some governmental agencies providing emergency medical services for many years prior to the 1950s and 1960s, they were relatively few and far between. And even if a publicly funded entity had been providing those types of services, for the most part they also subscribed to the load and go method of treatment also.

The advancement in taking care of injured patients had really been generated over a longer period of time. Many of the improvements originated in the care of wounded soldiers during various wars, which is why the International Red Cross was formed in Switzerland in 1863. Later it was American Clara Barton, a nurse during the Civil War, who helped to bring the Red Cross to the United States in 1881 (The American Red Cross, 2004).

An efficient method of transporting patients also took time to develop. By the early 1900s some parts of America had basic transport systems for the sick and injured, but very little else. Ambulance systems did not really begin to develop nationwide until after World War II, when funeral homes and fire departments became more involved in giving emergency care. In 1966, two very important developments occurred. First, the U.S. Department of Transportation was charged with developing emergency medical services while at the same time upgrading pre-hospital care and secondly, the American Heart Association began providing cardiopulmonary resuscitation (CPR) and basic life support to the public. These two developments would result in a significant change in

the delivery of emergency medical services over the next several decades that continue today (Hafen & Karren, 1983).

In the 1970s municipal fire departments started to become more and more involved in the delivery of emergency medical services with the assistance of state and federal funding. This resulted in the necessity of fire personnel being required to become cross-trained and certified in both firefighting and emergency medical services. While many fire departments continue to this day to manage and operate the governmental entity's emergency medical services, many jurisdictions throughout Texas and the U.S. have now formed their own individually managed Emergency Medical Services (E.M.S.) departments or regionalized systems separately administrated and funded (Texas Department of Health, 2004). What is obviously apparent is the lack of law enforcement's historical role in the delivery of emergency medical services as well.

A survey conducted in 1995 by Alonso-Serra, Delbridge, Auble and Mosesso of five hundred and forty (540) law enforcement agencies throughout the United States was designed to determine what percentage of agencies responded to emergency medical incidents. "Responses indicated that 442 (80.7%) agencies responded to one or more specific types of medical emergencies and 263 (50.3%) provided some type of patient care" (Alonso-Serra et al., 1997, p. 497). The survey also found that law enforcement officers arrived at the scene of medical emergencies approximately 81% of the time before Emergency Medical Services personnel (Alonso-Serra et al., 1997).

The City of Rochester, Minnesota has led the way in law enforcement officers being issued automated external defibrillators to assist victims of cardiac arrest. Police officers in that city have been the first to shock 37 out of the 73 people who have been

saved in that city over the past 12 years resulting in the city's overall cardiac arrest survival rate to an impressive 44% of all those who are provided this service (Davis, 2003). The enhanced medical role has now become part of the police culture in Rochester (Davis, 2003).

Miami-Dade, Florida also recently equipped its police officers with automated external defibrillators and by doing so cut response times to cardiac arrest victims by three minutes and increased its survival rate from only 9% to 17%. The absolute critical factors in such high success rates are response times by a public safety employee, regardless if it is either a police officer, a firefighter or an emergency medical services employee (Davis, 2003).

Washington, D.C. and New York City have also deployed automated external defibrillators to their officers, however their survival rates have not been as successful as other cities. Officers and training instructors indicate that part of the problem may be resistance to "job description" changes from pure law enforcement duties to more of an enhanced medical role that they see is the responsibility of Emergency Medical Services and their Fire Departments (Davis, 2003).

Most law enforcement agencies provide their services to the community they serve on a 24-hour a day / seven-day a week basis, however many of the calls that are received for service are not related to any type of criminal activity. Several studies over the past thirty years indicate the officers spend less than 50% of their time actually responding to calls for service. In addition, Glensor & Peak estimated through their study that over 80% of all law enforcement calls are non-criminal related (Glensor & Peak, 1996). Examples may be missing persons, lost property, fire response support,

civil disputes involving marriages and the family relationship, crowd control, traffic accident investigations, and medical calls.

Finally, a review of literature also indicated that based upon the survey conducted by Alonso-Serra that approximately 50% of law enforcement agency administrators were concerned that providing “EMS-related activities” would interfere with their law enforcement duties (Alonso-Serra et al., 1997). It is the purpose of this research paper to provide an analysis of the possible benefits and disadvantages of enhanced medical training for Texas peace officers so that agency administrators may be able to make a more knowledgeable and informed decision should they consider providing this service to the public they serve.

Methodology

It is the purpose of this research paper to determine whether law enforcement agencies that may be considering enhanced medical training for their peace officers should conduct a comprehensive analysis of both the benefits and disadvantages associated with this type of public service product prior to the implementation of such a program. It is a hypothesis that the results of this research paper will conclude that there are benefits to law enforcement organizations for enhanced medical training and the subsequent delivery of such service to the public that they serve. It is anticipated that the research will also present reasons as to why it may not always be in the best interest of all law enforcement agencies to require their personnel to be cross-trained in both the law enforcement and emergency medical treatment disciplines.

The method of inquiry included a review of existing literature, research, personal interviews, and surveys. Literature and research sources are as listed in the document. Personal interviews were conducted with Director of Medical Support Services Lieutenant Douglas Ross, Department Training Lieutenant Denise Hatch, and Research & Development Sergeant Simone Graboskie of the Austin, Texas Airport Police Department. All three are currently cross-trained and state-certified in both law enforcement and emergency medical services. Surveys were distributed to twenty-nine (29) fellow students of the Bill Blackwood Law Enforcement Management Institute's Leadership Command College Module I held at Texas A&M University from January 13 – February 1, 2002 representing twenty-five (25) agencies throughout Texas as large as the Houston Police Department and as small as the Manvel Police Department. Thirty-three (33) peace officers representing the Austin Airport Police Department and The University of Texas at Austin Police Department also participated in the survey during 2003.

A total of sixty-two (62) written survey responses were used in this research and were analyzed to determine the respondent's current highest medical certification level, perceived benefits and disadvantages of a law enforcement officer being medically trained beyond First Aid / CPR, whether enhanced medical training (beyond First Aid / CPR) should be required for all Texas Peace Officers, and whether an agency considering enhanced medical training for its officers should conduct a comprehensive analysis of the benefits and disadvantages prior to implementing such a program (return rate for surveys distributed = 77.5%)

Findings

This analysis of benefits and disadvantages of enhanced medical training for Texas Peace Officers does not intend to reflect the recommendation that they do so or not. Rather, it is intended to provide agency administrators with data so that those who do make those decisions can do so with more knowledge available to them.

Table I represents data that was obtained from the sixty-two surveys with intent to determine the respondent's current highest medical certification level. The results do not necessarily reflect statewide percentages. The survey question was; *“What is your current highest medical certification level?”*

Table I.

Current Highest Medical Certification

Cardio Pulmonary Resuscitation / CPR	25 / (40%)
First Aid	17 / (27%)
Emergency Care Attendant / ECA	15 / (24%)
Emergency Medical Technician / EMT	5 / (8%)
Paramedic	0 / (0%)

Table II represents data obtained from the sixty-two surveys with intent to determine the benefits of a law enforcement officer being medically trained beyond CPR and First Aid. The survey read; *“Please list three (3) benefits of a law enforcement*

officer being medically trained beyond First Aid / CPR.” Each respondent had the opportunity to list three benefits, however not all did.

Table II.

Benefits of a Law Enforcement Officer Being Medically Trained Beyond CPR and First Aid

Help People / EMS	44 / (42%)
First Public Safety Person On Scene	33 / (32%)
Public Relations / Image	16 / (15%)
Other	11 / (11%)

Table III represents data obtained from the sixty-two surveys with intent to determine the disadvantages of a law enforcement officer being medically trained beyond CPR and First Aid. The survey read; *“Please list three (3) disadvantages of a law enforcement officer being medically trained beyond First Aid / CPR.”* Each respondent had the opportunity to list three disadvantages, however not all did.

Table III.

Disadvantages of a Law Enforcement Officer Being Medically Trained Beyond CPR and First Aid

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Costs and Training	38 / (33%)
Civil Liability	32 / (28%)
Interference With “Police” Work	27 / (23%)
Other	19 / (16%)

Table IV represents data obtained from the sixty-two surveys with intent to determine whether enhanced medical training beyond CPR / First Aid should be required for all Texas peace officers. The survey question was; “*Should enhanced medical training (beyond First Aid / CPR) be required for all Texas Peace Officers?*”

Table IV.

Should Enhanced Medical Training Be Required For All Texas Peace Officers?

Yes	8 / (13%)
No	54 / (87%)

Table V represents data obtained from the sixty-two surveys with intent to determine whether a comprehensive analysis should be conducted by a law enforcement agency prior to implementing a medical program for its officers. The question was; “*Should an agency considering medical training (beyond First Aid / CPR)*

for its officers conduct a comprehensive analysis of the benefits and disadvantages prior to implementing such a program?

Table V.

Should an agency considering medical training (beyond First Aid / CPR) for its officers conduct a comprehensive analysis of the benefits and disadvantages prior to implementing such a program?

Yes	62 / (100%)
No	0 / (0%)

Table VI represents demographic information of the 2,529 law enforcement agencies of the state of Texas as of February 5, 2003 according to The Texas Commission on Law Enforcement (Texas Commission on Law Enforcement, 2003).

Table VI.

Demographics of Texas Law Enforcement Agencies

<u>Agency Size</u>	<u># of Agencies</u>
1-19 officers	1,968 / (78%)
20-74 officers	411 / (16%)
75-499 officers	132 / (5%)

500-999 officers	6 / (<1%)
1,000+ officers	12 / (<1%)

According to Director of Medical Support Services Lieutenant Douglas Ross with the Austin Airport Police Department (D.E. Ross, personal communication, December 30, 2003) the typical classroom cost for an Emergency Care Attendant (ECA) certification course is \$200 - \$300 with an additional \$150 for textbooks, stethoscope, blood pressure cup, etc. In addition, upon successful completion of the ECA course, a \$20 examination fee and a \$50 certification fee is required. For the Emergency Medical Technician (EMT) level, the typical classroom cost is \$500 in addition to the incidental expenses referred to.

An adequately stocked “medical bag” for use by an ECA or EMT would, at a minimum, cost approximately \$500 according to Research & Development Sergeant Simone Graboskie (S.C. Graboskie, personal communication, December 30, 2003) of the Austin Airport Police Department. Typical medical supplies that are contained in a medical bag include oxygen, splints, airway management tools, bandages, etc. For every medical bag deployed and in use by an ECA or EMT, adequate back-up replacement inventory stock supplies would cost approximately \$250 per unit. The cost of an automated external defibrillator (AED) is approximately \$2,500 - \$3,000 each

Austin Airport Police Training Lieutenant Denise Hatch (D. Hatch, personal communication, December 30, 2003) advised that once “certified” as an ECA, EMT or Paramedic, the Texas Department of Health requires minimum continuing education

requirements to remain proficient. Currently ECA's must receive at least 36 hours continuing education in a minimum of eight different subject areas within a four-year period. EMT's at the "basic" level are required to receive a minimum of 72 continuing education hours within a four-year period. Fees for continuing education range from \$100 per year for courses available on the Internet to \$135 per person to attend statewide Emergency Medical Services conferences.

Table VII reflects the current minimum training hours required by the Texas Department of Health for the different levels of emergency medical services training in Texas according to Title 25 of the Texas Administrative Code, Chapter 157 – Rule 157.32 titled, "Emergency Medical Services Education Program and Course Approval" (Texas Secretary of State, 2004).

Table VII.

Minimum Hours for Texas Emergency Medical Service Training Certifications

<u>Certification Level</u>	<u>Minimum Training Hours</u>
Emergency Care Attendant	40
Emergency Medical Technician - B	140
Emergency Medical Technician - I	160
Emergency Medical Technician - P	624

Conclusions

In order to improve the quality of any public safety agency service, progressive law enforcement agencies should and must continually evaluate the delivery methods and results of those services that are currently being provided. If a decision is made by any organization to start a new or radically redesign an existing major service delivery product, then that decision should be made after a thorough review of the possible implications the service proposal may have prior to implementation. One potential problem that many organizations make, to include law enforcement agencies, is that they may not take the time or appreciate the benefits of conducting an analytical review of a proposed new service delivery product prior to the implementation of such a new program.

As such, the research question that this paper addressed is should law enforcement agencies that are considering enhanced medical training for their peace officers conduct a comprehensive analysis of both the benefits and disadvantages associated with this type of public service product prior to the implementation of such a program? The purpose of this administrative research paper was to gather and present data in order to provide those law enforcement agencies that are considering an enhanced medical service delivery program an opportunity to review relevant issues concerning the actual implementation and the implication it may have on agency personnel and the communities they serve.

It was hypothesized that the results of this research paper would conclude that there are benefits to law enforcement organizations for enhanced medical training for officers and the subsequent delivery of such service to the public that they serve. The findings as a result of this research tend to support that hypothesis.

The purpose of this administrative research paper was to gather and present data in order to provide those law enforcement agencies that are considering an enhanced medical service delivery program an opportunity to review relevant issues concerning the actual implementation and the implication it may have on agency personnel and the community. It is the opinion of this author that the research indicates that the decision to require enhanced medical training for Texas peace officers should continue to be determined by individual agencies and governmental entities and should not be state mandated. Agencies that might want to consider enhanced medical training for its officers should analyze and evaluate such factors as the existing level of current emergency medical services for the area served, agency size, jurisdictional geographic factors, budgetary considerations, civil liability issues, initial and on-going training requirements, public image and expectations, and a current response and workload analysis of their existing personnel.

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APPENDIX

SURVEY

A. What is your current highest medical certification level?

- _____ CPR
- _____ First Aid
- _____ Emergency Care Attendant / First Responder
- _____ Emergency Medical Technician
- _____ Paramedic

B. Please list three (3) benefits of a law enforcement officer being medically trained beyond First Aid / CPR.

- 1.
- 2.
- 3.

C. Please list three (3) disadvantages of a law enforcement officer being medically trained beyond First Aid / CPR.

- 1.
- 2.
- 3.

D. Should enhanced medical training (beyond First Aid / CPR) be required for all Texas Peace Officers?

_____ YES

_____ NO

Reason:

E. Should an agency considering enhanced medical training (beyond First Aid / CPR) for its officers conduct a comprehensive analysis of the benefits and disadvantages prior to implementing such a program?

_____ YES

_____ NO

Reason: